

Date _____

PROPOSED WORK SCHEDULE

| | | | | | |
|---|----------------------|-----------------------|-------------------------|------------------------|----------------------|
| EMPLOYEE: | | | | | |
| SUPERVISOR 'S APPROVAL: | | | | | |
| PROPOSED WORK SCHEDULE FOR WEEK BEGINNING: | | | | | |
| | <u>MONDAY</u> | <u>TUESDAY</u> | <u>WEDNESDAY</u> | <u>THURSDAY</u> | <u>FRIDAY</u> |
| HOURS | | | | | |
| LUNCH PERIOD | | | | | |

NOTE: This work schedule will remain in effect until a revision is submitted to and approved by the supervisor. Any proposed revision should be submitted to supervisor at least one (1) week prior to change.